

Docket No.: 1261

IN THE CALL PROPERTY ATES PATENT AND TRADEMARK OFFICE

Applicant:

James F. McGuckin, Jr., et al

Serial No.:

10/697,211

Group Art Unit:

3761

Filed:

October 30, 2003

Examiner:

Baxter

For:

Vein Filter

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT FEE TRANSMITTAL

Sir:

 ${\tt Transmitted} \ \ {\tt herewith} \ \ {\tt is} \ \ {\tt an} \ \ {\tt Amendment} \ \ {\tt for} \ \ {\tt the} \ \ {\tt above-identified}$ application.

[x] No additional fee is required.

CLAIMS AS AMENDED

	Claims Remaining After		Highest No. Covered by Previous						
	Amendment		Payments		Extra	Rate	Addit	ional	Fee
Total Claims*	22	-	22	=	0	x \$25.00	\$	0.00	
Independent Claims	4	-	4	=	0	x 100.00	\$	0.00	
					Total·		Ś	0 00	

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED**.

Petition for Extension of time pursuant to 37 C.F.R. \$1.136(a) is not believed to be required. However, if a petition for extension of time under 37 C.F.R. \$1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. \$1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: 11/19/05

Neil D. Gershon

Reg. No. 32,225

Attorney for Applicant

Rex Medical 1011 High Ridge Road Stamford, CT. 06905 (203) 329-8750



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CERTIFICATE OF MAILING

Date of Deposit: Dec 19, 2005

I hereby certify that the following:

- [X] This Certificate of Mailing
- [X] Amendment
- [X] Amendment Fee Transmittal
- [X] Supplemental Information Disclosure Statement
- [X] PTO Form 1449
- [X] Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Mil

Neil D. Gershon Rex Medical, LP 1011 High Ridge Road Stamford, CT 06905 (203) 329-8750